

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10-567409		FILING DATE						
APPLICANT(S)															
CLAIMS															
		AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT				AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1				51							
2								52							
3								53							
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49								99							
50								100							
TOTAL IND.	1	↓	1	↓			↓	TOTAL IND.		↓		↓			↓
TOTAL DEP.	10	←	9	←			←	TOTAL DEP.		←		←			←
TOTAL CLAIMS	11		10					TOTAL CLAIMS							

PTO - 1360 (REV. 11/04)

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